

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CS17910012	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER CENTERSTONE OF FLORIDA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 26TH AVENUE EAST BRADENTON, FL 34208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - INITIAL COMMENTS

An unannounced complaint survey (CCR# 2018013030) was conducted at Centerstone of Florida Crisis Stabilization Unit on _____ through _____.

The facility had deficiencies at the time of the survey.

License #1467

0061 - Minimum Program _____ - E.M.S.- C.P.R - 65E-12.106(18)(b) FAC

Based on document review and staff interviews it was determined the facility failed to ensure 11 of 12 sampled nurses and mental health treatment staff, out of a total of 28 employees, were certified in _____ (_____.).

Findings included:

The sample of 12 employee files was selected at random from a list of 28 employees. The sample consisted of 5 Behavioral Health Techs (BHTs), 6 Registered Nurses (RNs), and 1 Intake Counselor. The files were reviewed on _____ with the assistance of the Performance Improvement/Risk Management Director.

The review of 6 RN personnel files revealed each RN job description was identical and signed by the employee. The detailed review of each of the RN job descriptions failed to reveal any mention of a requirement to be or become certified in _____. Five of the 6 sampled RNs had no evidence of certification.

The review of the personnel files for 5 _____'s revealed each _____ job description was identical and was signed by the employee. The detailed review of each of the _____ job descriptions revealed _____ was described as a preferred, but not required, skill. None of the five personnel files included evidence of _____ certification.

The review of the job description for the Intake Counselor failed to reveal a requirement for _____ certification. There was no evidence the Intake Counselor had obtained _____ certification.

The facility was unable to comply with a request to provide a policy indicating _____ was required for all nurses and behavioral health techs.

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An interview was conducted with the RN Charge Nurse on duty on at 1:50 p.m. In response to questions, the RN indicated her certification had expired sometime in the summer and she had not gotten it renewed.

The Performance Improvement/Risk Management Director confirmed the above findings in an interview conducted on at 3:00 p.m.

Interview with the Medical Director, the Improvement Process/Risk Management Director, the Hospital Administrator, and the Chief Administrative Officer on 11/14/18 at 4:15 p.m. They indicated that they would get a trainer in the building as soon as possible in order to bring all staff certifications up to date.

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on document review, personnel file review and staff interview it was determined the facility failed to maintain a current employee roster list under the Agency for Health Care Administration (AHCA) in the online clearinghouse for 28 of 28 eligible employees.

Findings included:

An online search of the facility license number and provider type on the AHCA Background Screening website revealed the employee Clearinghouse Roster displayed the names of the Administrator and the Chief Financial Officer.

The list of Crisis Stabilization Unit (CSU) employees provided by the facility on _____ revealed the names of 28 employees whose job titles indicated they had direct contact with adult patients and minors. Those names were not listed on the AHCA website employee roster.

The sample of 12 employee files selected at random consisted of 5 Behavioral Health Techs (BHTs), 6 Registered Nurses (RNs), and 1 Intake Counselor. The files were reviewed on _____ with the assistance of the Performance Improvement/Risk Management Director. None of the 11 personnel files contained evidence the facility obtained Level 2 Background Screening through the Agency for Health Care Administration. The review of each of the 12 employees on the AHCA Level 2 background screening website revealed each of the twelve records indicated "Agency Review Required".

In an interview conducted on _____ at 2:30 p.m., the Director indicated she was not aware of the requirement for AHCA Level 2 background screening and the facility did not have a process in place. She confirmed the finding the facility failed to obtain AHCA level 2 background screening for any of the 28 CSU employees.

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